Saratoga Springs, Utah Natural Gas Explosion February 06, 2007

# Appendix # 2

# Post accident drug and alcohol test results for:

Richard B. Southwick Jack E. Bryant Ryan Whittekier

# **Test Event Detail**

SSN:

i į

\*REDACTED\*

First Name:

RICHARD B.

CONFIDENTIAL – SUBJECT TO PROTECTIVE ORDER

Last Name:

SOUTHWICK

Summary:

Reason for Test: Post Accident

Date Scheduled: 2/6/2007

Result Disposition:

Procedure:

Breath

Date Collected: 2/6/2007

Complete

Company:

**DFWQUEREG** 

Location:

Scheduling Detail

Who Ordered:

tonie

Ordered Date:

2/7/2007 Time: 1637

DOT: ✓

Regulatory Mode:

**PHMSA** 

Notified Date:

2/6/2007 Time:

Employee Category: Op/Maint/ER

Scheduled Date:

2/6/2007 Time:

Collection Detail

Collected By:

Questar Gas-SLC, UT Arrived Date:

2/6/2007 Time:

Collection Status:

OK

Collected Date:

2/6/2007 Time:

Testing Detail - Alcohol

Breath Alcohol Technician:

ROBERT A. WELLINGTON EBT #: 011437

Screen Test

**Confirmation Test** 

Test Number:

0630

Test Number:

Procedure:

Breath

Procedure:

Time:

2203

Time:

6

# U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

•				
CEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN				
A: Employee Name RICHARD B	· SOUTHWICK			
SSN or Employee ID No. (Print) (First, M.I)	*REDACTED* CONFIDENTIAL – SUBJECT			
Employer Name QUESTA Street	L GAS TO PROTECTIVE ORDER			
City, ST ZIP				
DER Name and	XI 74145			
Telephone No.  BRUDA  DER Name	(801) 324 3742 DER Phone Number			
D: Reason for the Test: Random Reasonable Susp	st-Accident 🗆 Return to Duty 🗅 Follow-up 🗅 Pre-employment			
TEP 2: TO BE COMPLETED BY EMPLOYEE				
I certify that I am about to submit to alcohol testing required by US Department of Transportation gulations and that the identifying information provided on the form is true and correct.				
Signature of Employee	Date Month Day Year			
FEP 3: TO BE COMPLETED BY ALCOHOL TE	CHNICIAN			
The technician conducting the screening test is not the same technician who will be conducting the infirmation test, each technician must complete their own form). I certify that I have conducted alcohol esting on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing evice(s) identified, and that the results are as recorded.  TECHNICIAN: THE DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No CREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)  STHE Testing Device Name Device Serial # QR Lot # & Exp Date Activation Time Reading Time Result  ONFIRMATION TEST: Result MUST be affixed to each copy of this form or printed directly onto the form.  EMARKS:				
Cohol Technician's Company SOBURT A. WELLINGTON	27025 3600W STEG Company Street Address WYZ UT 84119 (801) 965 0665			
RINT) Alcohol Technician's Name (First, M.I., Last)	Company City, State, Zip Phone Number			
Chert A. Wellington mature of Alcohol Technician	Date Month Day Year			
grande of a receitor receitables	2010 1.1011-11 201			



Affix or Print Additional Results Here Affix with Tamper Evident Tape

#### FEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

certify that I have submitted to the alcohol test, the results of which are accurately recorded on this rm. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment cause the results are 0.02 or greater.



Intermountain MRO Services, Inc. P.O. Box 9223, Salt Lake City, UT 84109 1 (801) 486 - 5400

TO: QUESTAR GAS COMPANY E P.O. BOX 45360 SALT LAKE CITY, UT 84145-0360

### **Medical Review Officer Report**

-Confidential-

This is a notification of a controlled substance test result on:

Individual Tested:

RICHARD B. SOUTHWICK

Test Type:

Post Accident

Collection Site:

IDT-ON SITE
Quest Diag-Van Mays,CA

Laboratory: MRO:

Paul Teynor, MD

Drug Panel:

SAMHSA (NIDA

ID/SS#:

Specimen ID#:

Date of Collection: Lab Accession#:

MRO Report Date: MRO Copy CCF2: 0805210 2/6/2007 \*REDACTED\* CONFIDENTIAL – SUBJECT TO PROTECTIVE ORDER

802338Q 2/8/2007 2/8/2007

Substances included in test profile:

Amphetamines

Opiales Marijuana Cocaine Phencyclidine

This controlled substance test was conducted in accordance with 49 CFR Part 40.

The verified result is:

Negative

Comments: COLLECTED ON SITE AT: 36 W 1400 N LEHI, UT

Paul Teynor, MD

QGC00394

L SEUME DUOR LESTING COSTODI WIND CONTUCE LOUIN





0205210 SPECIMEN ID NO. STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE LAB ACCESSION NO. ACCT 20294176 B. MRO Name, Address, Phone and Fax No. PAUL TE9808 No. A. Employer Name, Address, I.D. No. EMPLOYER QUASTER GAS INTERNOUNTAIN BRD SUCS 黑 自州縣 3.190 140 PB 88X 5800 (26 E 679) \$ Antonest officer company SAL! LAKE CITY UT 84109 开门: 396 年十二日 PH: 901-496-5400 F9X: 903 486 5454 \*REDACTED\* C. Donor SSN or Employee I.D. No. CONFIDENTIAL - SUBJECT ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause Post-Accident TO PROTECTIVE ORDER D. Reason for Test: Return to Duty Follow-up Other (specify) E. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) JEH THILLY 💢 35304N HEDA 5 PANEL HZKLT Collection Site Code: F. Collection Site Name: \_\_\_\_ Collector Phone No.: 1501 Collector Fax No.: 501 City, State and Zip: \_\_\_\_CHi TEP 2: COMPLETED BY COLLECTOR Specimen Collection:

Split Split Single None Provided (Enter Remark) Observed (Enter Remark) Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? X Yes No, Enter Remark TEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy) **STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY** the specimen given to me by the fonor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements. 1:12 Time of Collection Other. DHL / Airborne 16 P' Name of Delivery Service Transferring Specimen to Lab (Print) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.) RECEIVED Primary Specimen **SPECIMEN BOTTLE(S) RELEASED TO:** AT LAB: **Bottle Seal Intact** Signature of Accessioner Yes No, Enter Remark Below (Print) Accessioner's Name (First, MI, Last) Date (Mo /Day/Yr.) **TEP 5: COMPLETED BY DONOR** I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a temper-evident seal in my presence; and that the information Richard B Southwick (801) 843 Ende Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU. 3TEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN \* In accordance with applicable federal requirements, my determination/verification is: . NEGATIVE POSITIVE ☐ TEST CANCELLED REFUSAL TO TEST BECAUSE: DILUTE ☐ ADULTERATED ☐ SUBSTITUTED REMARKS \_\_ (PRINT) Medical Review Officer's Name (First, MI, Last) Signature of Medical Review Officer Date (Mo./Day/Yr.) ITEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN in accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is: RECONFIRMED FAILED TO RECONFIRM - REASON \_\_\_\_ \*REDACTED\*

CONFIDENTIAL – SUBJECT TO PROTECTIVE ORDER

## **Test Event Detail**

SSN:

\*REDACTED\*

CONFIDENTIAL – SUBJECT TO PROTECTIVE ORDER

First Name: Last Name:

JACK E. **BRYANT** 

Summary:

Reason for Test: Post Accident

Date Scheduled: 2/6/2007

Result Disposition:

Procedure:

Breath

Date Collected: 2/6/2007

Complete

Company:

**DFWQUEREG** 

Location:

Scheduling Detail

Who Ordered:

tonie

Ordered Date:

2/7/2007 Time: 1634

DOT: IV

Regulatory Mode:

Notified Date:

2/6/2007 Time:

**FMCSA** 

2/6/2007 Time:

Employee Category: Driver

Scheduled Date:

**Collection Detail** 

Collected By:

Questar Gas-SLC, UT Arrived Date:

2/6/2007 Time:

Collection Status:

OK

Collected Date:

2/6/2007 Time:

Testing Detail - Alcohol

Breath Alcohol Technician:

ROBERT A. WELLINGTON EBT #: 011437

Screen Test

**Confirmation Test** 

Test Number:

0629

Test Number:

Procedure:

Breath

Procedure:

Time:

2152

Time:

## U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

TEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN  A: Employee Name	
*REDACTED* CONFIDENTIAL - SUI TO PROTECTIVE	_
*REDACTED* CONFIDENTIAL – SUI TO PROTECTIVE	
Street	JECT R 
City, ST ZIP 1140 W 2005	
SLC UT &4145	
Telephone No. PRONDA (SOL) 3743	_
DER Name DER Phone Number	-
.  D: Reason for the Test:   Random   Reasonable Susp   Post-Accident   Return to Duty   Follow-up   Pre-employmen	1
FEP 2: TO BE COMPLETED BY EMPLOYEE	<u></u>
I certify that I am about to submit to alcohol testing required by US Department of Transportation gulations and that the identifying information provided on the form is true and correct.	
Sal Buch X 216107	
Signature of Employee Date Month Day Year	-
FEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN	7
The technician conducting the screening test is not the same technician who will be conducting the infirmation test, each technician must complete their own form). I certify that I have conducted alcoholesting on the above named individual in accordance with the procedures established in the US department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing swice(s) identified, and that the results are as recorded.  TECHNICIAN: ABAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No CREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)	
Testing Device Name Device Serial # OR Lot # & Exp Date Activation Time Reading Time Result  ONFIRMATION TEST: Result MUST be affixed to each copy of this form or printed directly onto the form.	
EMARKS:	
· ·	
TDT Sohol Technician's Company SOBERT A. WELLINGTON  20029 3600W 5TeC Company Street Address WVC UT 84119 (801965 066)	
UNT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number	
Collett H. Wellham 2 16109	
nature of Alcohol Technician Date Month Day Year	

Affix or Pring Results Here
Affix wit in Ident Tape

RBT 1437
DATE 197
TEST 29

AS I 73
SC G/211 TIME
CONFIDENTIAL SUBJECT
TO PROJECTIVE ORDER

Affix or Pring Results Here

Affix or Print Additional Results Here Affix with Tamper Evident Tape

## TEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

certify that I have submitted to the alcohol test, the results of which are accurately recorded on this firm. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment cause the results are 0.02 or greater.





Intermountain MRO Services, Inc. P.O. Box 9223, Salt Lake City, UT 84109 1 (801) 486 - 5400

TO: QUESTAR GAS COMPANY E P.O. BOX 45360 SALT LAKE CITY, UT 84145-0360

### Medical Review Officer Report

-Confidential-

This is a notification of a controlled substance test result on:

Individual Tested:

JACK E. BRYANT

141 1013:

Test Type: Collection Site: Post Accident

IDT-ON SITE

Laboratory:

Quest Diag-Van Nuys,CA

Paul Teynor, MD

MRO: Drug Panel:

SAMHSA (NIDA 5)

ID/SS#:

Specimen ID#: Date of Collection:

Lab Accession#:

MRO Report Date: MRO Copy CCF2: 0805211 2/6/2007 802023Q

2/8/2007 2/8/2007 \*REDACTED\* CONFIDENTIAL – SUBJECT TO PROTECTIVE ORDER

Substances included in test profile:

**Amphetamines** 

Opiates

Marijuana

Cocaine Phencyclidine

This controlled substance test was conducted in accordance with 49 CFR Part 40.

The verified result is:

Negative

Comments: COLLECTED ON SITE AT: 36 W 1400 N. LEHI, UT

Paul Teynor MD



800.877 7484

STEP 1: COMPLETED BY COLLE	CTOR OR EMPLOYER I	REPRESENTATI	/E	LAB ACCESSION	I NO.
A Employer Name, Address, I.D. I	10. ACCEA: 20294	(17) (c B.	MRO Name, Address, PAUL TEYNGR M	Phone and Fax No.	:UNDA?
for tisker	EMPLOYER DIAC-	STSTIJIE /-	1802 TETRON MI 15 INTERNUUNTAIN	•	ANTHU C
15M Biggs - Rich	PH.	المهتهات سنتشخ مانطست سب سه	PU BNX 9800 (7		
ALL 1986年至1971年(1941年)	FRX		SALE LAKE CITY		
<b>2年 祖、祖长祖</b> 祖(17		***************************************	P# 301-486-546		6 -5454
C. Donor SSN or Employee I.D. No			1	1	*REDACTED*
	employment    Rande	om Reasor	nable Suspicion/Cause	Post-Accident	CONFIDENTIAL - SUB
		ollow-up 🔲 Oth	•	7	TO PROTECTIVE ORDE
E. Drug Tests to be Performed:	•		· · · · <u>—</u>	ner (specify)	
COLATTON A C. 141	. /	DA 5 PANE: 578		ter (specify)	
F. Collection Site Name: LD	TION SITE A	Ti Collectio	n Site Code:		. 4
Address: 34 W 140	INC	COMBCITO		lector Phone No.: 30	1465 0665
City, State and Zip: LQ L	UT			lector Fax No.: 💢 🔾	1 965 3696
TEP 2: COMPLETED BY COLLEC					
read specimen temperature within 4	minutes. Is temperature	Specimen Collect	_		7
between 90° and 100° F? X Yes	J No, Enter Remark	LY Split L	Single L. None Prov	ided (Enter Remark)   L	☐ Observed (Enter Remark
EMARKS		<del></del>	<del></del>		
TEP 3: Collector affixes bottle seal( TEP 4: CHAIN OF CUSTODY - IN **CONTINUE OF THE PROPERTY OF THE PROPERTY OF THE STATE OF THE STAT	TIATED BY COLLECTO	R AND COMPL	ETED BY LABORAT	ORY	
x Kolet H. Wel		AM [		E(S) RELEASED TO	<del></del>
Signature of Collector	Jime of Co		ZQuest Diagnostics (		
KOBEKT H. Well	integral		DHL / Airborne	Other	
(Print) Collector's Name (First, MI, Last	Qaté (Mô/C		Primary Specimen	ry Service Transferring Sp	
TLAB: X		<b>&gt;</b>	Bottle Seal Intact	SPECIMEN BOT I	LE(S) RELEASED TO
Signa	rure of Accessioner	/ [	Yes		
(Print) Accessioner's Name (First, MI, Las	Date (Mo./D	ay/Yr.)	No, Enter Remark Below		
TEP 5: COMPLETED BY DONOR		<del></del>			
certify that I provided my urine specimen to the colle provided on this form and on the label affixed to each		any manner; each specim	en dotte used was sealed with	a (amper-evident seal in my prese	nce; and that the information
		\ . <b>.</b>	, D		· · / · · <del>- 1</del>
X Jan Dy	·	-JAUL	. E BRY7	ANT	4/6/01
Signature of Donor		(PR	INT) Donor's Name (First, MI, La	est)	Date (Mo./Day/Yr.)
sylime Phone No. 1	Evening	Phone		Date of Bir	Mo. Pay Yr.
, ,	j,	y f '' -	•	1 1	1 1
hould the results of the laboratory tests for the s redications you may have taken. Therefore, you reperate piece of paper or on the back of your cop	may want to make a list of those r	nedications for your ov	vn records. THIS LIST IS NOT	NECESSARY. If you choose to	make a list, do so either on a
EP 6: COMPLETED BY MEDICAL	REVIEW OFFICER - PR	MARY SPECIM	EN		
accordance with applicable Federal requiremen	s, my determination/verification i	s:			
NEGATIVE POSITIVE [	TEST CANCELLED	REFUSAL TO TES	T BECAUSE:		
DILUTE		ADULTER	ATED SUBSTIT	TUTED	
MARKS	<del></del>			<del></del>	
•					1 1
Signature of Medical Review Officer	<del></del>	(PRINT) Medical Re	view Officer's Name (First, MI, i	asti	Date (Mo./Day/Yr.)
P 7: COMPLETED BY MEDICAL	REVIEW OFFICER - SEC				
accordance with applicable Federal requirements				****	
<u>-</u>					
RECONFIRMED   FAILED TO RECONF	RM - REASON		<del></del>		<del></del>

# **Test Event Detail**

SSN:

First Name:

**RYAN** 

Last Name:

WHITTEKIEND

Summary:

Reason for Test: Post Accident

Date Scheduled: 2/2/2007

Result Disposition:

Procedure: Breath

Date Collected: 2/2/2007

Complete

Company:

**DFWQUEREG** 

Location:

**Scheduling Detail** 

Who Ordered:

tonie

Ordered Date:

2/7/2007 Time: 1626

DOT:

\*REDACTED\* CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

Regulatory Mode:

PHMSA

Notified Date:

2/2/2007 Time:

Employee Category: Op/Maint/ER

Scheduled Date: 2/2/2007 Time:

Collection Detail

Collected By:

Questar Gas-SLC, UT Arrived Date:

2/2/2007 Time:

Collection Status:

Collected Date: 2/2/2007 Time:

Testing Detail - Alcohol

Breath Alcohol Technician:

**ROBERT WELLINGTON EBT #: 011437** 

Screen Test

0628

**Confirmation Test** 

Test Number:

Test Number:

Procedure:

Breath

Procedure:

Time:

2140

Time:

U.S. Department of Transportation (DOT)

Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

· •					
TEP 1: TO BE COMP	LETED BY ALCOHOL T				
A: Employee Name	SYAN WHI	tte Ki	enD		
SSN or Employee ID N	Vo. Print First M.L.				
: Employer Name	QUESTS	STAR (	3AS		
City, ST ZIP	A COOP	1140W	7002		
,	SLC	MT 8	4145		
DER Name and Telephone No.	BRENDA DER Name	(	801)324 3742 DER Phone Number		
Ď: Reason for the Test: □R	andom Reasonable Susp Pos	st-Accident 🗆 Return	to Duty   Follow-up   Pre-employment		
TEP 2: TO BE COMPL	ETED BY EMPLOYEE				
I certify that I am about to see significant the idea.					
X Rya Whillet	<u>-10</u>	<u> </u>	702 102107		
Signature of Employee		D	ate Month Day Year		
TEP 3: TO BE COMPL	ETED BY ALCOHOL TE	CHNICIAN			
	nician must complete their individual in accordance w on regulation, 49 CFR Part	own form). I cer ith the procedure 40, that I am qua			
TECHNICIAN: BAT C	ISTT DEVICE: SAL	IVA BREATH*	15-Minute Wait: 🗆 Yes 🗆 No		
CREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)					
est# Testing Device Name	Device Serial # <u>OR</u> Lot # & I	Exp Date Activat	ion Time Reading Time Result		
CONFIRMATION TEST:	Result <u>MUST</u> be affixed to each	ch copy of this form	or printed directly onto the form.		
EMARKS:					
TDT Alcohol Technician's Compa	nv.	27025 Company Stree	3600W STEG		
KOBERT A. I	NellingTon	WYC 1	AT 84119(801) 965 0665		
"RINT) Alcohol Technician	's Name (First, M.I., Last)	Company City,	State, Zip Phone Number		
ignature of Alcohol Technic	ian	Da	te Month Day Year		
i STEP 4: TO BE COMPLE	TED BY EMPLOYEE IF	TEST RESULT	IS 0.02 OR HIGHER		
? ;certify that I have submitted	to the sicohol test, the resu	ilts of which are	accurately recorded on this		
brm. I understand that I mus			· · · · · · · · · · · · · · · · · · ·		

ecause the results are 0.02 or greater.

Affix or Print Screening Results Here
Affix with Toucher Tent Tape MBI 300 11437 DATE 1 -07 TEST 1628 TIME 21:40 .000 Affix or Pring Affix with tion Results Here Evident Tape

Affix or Print Additional Results Here Affix with Tamper Evident Tape





Intermountain MRO Services, Inc. P.O. Box 9223, Salt Lake City, UT 84109 1 (801) 486 - 5400

TO: QUESTAR GAS COMPANY E P.O. BOX 45360 SALT LAKE CITY, UT 84145-0360

## **Medical Review Officer Report**

-Confidential-

This is a notification of a controlled substance test result on:

Individual Tested:

RYAN WHITTEKIEND

ID/SS#:

Test Type:

Post Accident

Specimen ID#:

Collection Site:

IDT-ON SITE

Date of Collection:

0805202 2/6/2007

Laboratory:

Quest Diag-Van Nuys, CA

Lab Accession#: MRO Report Date: 802939Q 2/8/2007

MRO: Drug Panel: Paul Teynor, MD SAMHSA (NIDA 5)

MRO Copy CCF2:

2/7/2007

Substances included in test profile:

Amphetamines

Opiates

Opiates Marijuana Cocaine Phencyclidine

This controlled substance test was conducted in accordance with 49 CFR Part 40.

The verified result is:

Negative

Comments: COLLECTED ON SIT AT: 36 W. 1400 N. LEHI, UT

Paul Teynor MD



\$20301528 0805202 SPECIMEN ID NO. \$889.877.7	
A Employer Name Address ID No. 2020 100 100 100	B. MRO Name, Address, Phone and Fax No.
TOTAL STATE OF THE	FAUL TEYNOR NO TESHING  INTERNOONTAIN ARD SUCS  PO BOX 1805 C26 E 6220 S  SHELL LAKE CITY OF 04109  FO 801 436-8400 FAX:801-436 - 484
C. Donor SSN or Employee I.D. No.	onable Suspicion/Cause Post-Accident
Return to Duty  Follow-up  O	ther (specify)
E. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC	
F. Collection Site Name: 117 2N 51 to 17 Collecti  Address: 36 W 1400N  City, State and Zip: 1217 UT	Collector Phone No.: 601965 565 Collector Fax No.:
TEP 2: COMPLETED BY COLLECTOR  Read specimen temperature within 4 minutes. Is temperature Specimen Colle	etion:
between 90° and 100° F? Yes  No, Enter Remark  Split	Single None Provided (Enter Remark) Observed (Enter Remark
'REMARKS /	initial and the December STEP For Conv. 2 (MAPO Conv.)
TEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Don STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMP	LETED BY LABORATORY
I centify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled,  X  Signature of Collector  Time of Collection	sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.  SPECIMEN BOTTLE(S) RELEASED TO:  Quest Diagnostics Courier FedEx
(Print) Collector's Name (First, MI, Lest)  Date (Mo/Deyric)	DHL / Airborne Other Name of Delivery Service Transferring Specimen to Lab
RECEIVED AT LAB: X	Primary Specimen   SPECIMEN BOTTLE(S) RELEASED TO
Signature of Accessioner	Yes
: (Print) Accessioner's Name (First, MI, Last)  TEP 5: COMPLETED BY DONOR	No, Enter Remark Below
I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each spec provided on this form and on the label affixed to each specimen bottle is corrects.	imen bottle used was sealed with a tamper-evident seal in my presence; and that the information
- The second sec	PRINT) Donor's Name (First, MI, Last)  Date (Mo/Day/Yr.)
Daytime Phone No. (SCI) VIII-LITA Evening Phone N	Date of Sirth Mo. 'Day Yr.
Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, medications you may have taken. Therefore, you may want to make a list of those medications for your separate piece of paper or on the back of your copy (Copy 5). DO NOT PROVIDE THIS INFORMATION OF	own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a
STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIF	MEN
• In accordance with applicable Federal requirements, my determination/verification is:	
☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TE ☐ DILUTE ☐ ADULTI	_
REMARKS	
x	
	Review Officer's Name (First, Mi, Last)  CORREAL
TEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPE In accordance with applicable Federal requirements, my determination/verification for the split specimen to	
RECONFIRMED FAILED TO RECONFIRM - REASON	